



CONTINUATION PAGE FOR APPLICATION FOR PERMIT  
TO IMPORT BIOLOGICAL AGENTS OR VECTORS OF HUMAN  
DISEASE INTO THE UNITED STATES

Continuation Page \_\_\_\_ of \_\_\_\_ continuation pages

**SECTION A continuation, Other Persons Authorized to use Permit**

**Permittee #2**

1. Permittee's Last Name	2. First Name	3. MI	4. Permittee's Organization		
5. Physical Address (NOT a post office box)		6. City		7. State	8. Zip Code
9. Telephone		10. Fax		11. Email	
12. Will this individual be hand carrying the imported biological agent? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**Permittee #3**

1. Permittee's Last Name	2. First Name	3. MI	4. Permittee's Organization		
5. Physical Address (NOT a post office box)		6. City		7. State	8. Zip Code
9. Telephone		10. Fax		11. Email	
12. Will this individual be hand carrying the imported biological agent? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**Permittee #4**

1. Permittee's Last Name	2. First Name	3. MI	4. Permittee's Organization		
5. Physical Address (NOT a post office box)		6. City		7. State	8. Zip Code
9. Telephone		10. Fax		11. Email	
12. Will this individual be hand carrying the imported biological agent? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**Permittee #5**

1. Permittee's Last Name	2. First Name	3. MI	4. Permittee's Organization		
5. Physical Address (NOT a post office box)		6. City		7. State	8. Zip Code
9. Telephone		10. Fax		11. Email	
12. Will this individual be hand carrying the imported biological agent? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**Permittee #6**

1. Permittee's Last Name	2. First Name	3. MI	4. Permittee's Organization		
5. Physical Address (NOT a post office box)		6. City		7. State	8. Zip Code
9. Telephone		10. Fax		11. Email	
12. Will this individual be hand carrying the imported biological agent? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**SECTION B continuation, Additional Senders of Imported Biological Agent(s)****Sender #2**

1. Sender's Last Name	2. First Name	3. MI	4. Organization		
5. Physical Address Outside of the US <i>(NOT a post office box)</i>		6. City	7. State/Prov.	8. Country	9. Postal Code
10. Telephone	11. Fax		12. Email		

**Sender #3**

1. Sender's Last Name	2. First Name	3. MI	4. Organization		
5. Physical Address Outside of the US <i>(NOT a post office box)</i>		6. City	7. State/Prov.	8. Country	9. Postal Code
10. Telephone	11. Fax		12. Email		

**Sender #4**

1. Sender's Last Name	2. First Name	3. MI	4. Organization		
5. Physical Address Outside of the US <i>(NOT a post office box)</i>		6. City	7. State/Prov.	8. Country	9. Postal Code
10. Telephone	11. Fax		12. Email		

**Sender #5**

1. Sender's Last Name	2. First Name	3. MI	4. Organization		
5. Physical Address Outside of the US <i>(NOT a post office box)</i>		6. City	7. State/Prov.	8. Country	9. Postal Code
10. Telephone	11. Fax		12. Email		

**Sender #6**

1. Sender's Last Name	2. First Name	3. MI	4. Organization		
5. Physical Address Outside of the US <i>(NOT a post office box)</i>		6. City	7. State/Prov.	8. Country	9. Postal Code
10. Telephone	11. Fax		12. Email		

**Sender #7**

1. Sender's Last Name	2. First Name	3. MI	4. Organization		
5. Physical Address Outside of the US <i>(NOT a post office box)</i>		6. City	7. State/Prov.	8. Country	9. Postal Code
10. Telephone	11. Fax		12. Email		

**Sender #8**

1. Sender's Last Name	2. First Name	3. MI	4. Organization		
5. Physical Address Outside of the US <i>(NOT a post office box)</i>		6. City	7. State/Prov.	8. Country	9. Postal Code
10. Telephone	11. Fax		12. Email		



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Continuation Page \_\_\_\_ of \_\_\_\_ continuation pages

**SECTION D continuation, Other Final Destinations of Imported Biological Agent**

1. Last Name of Recipient #2 at Other Final Destination	2. First Name	3. MI	4. Destination Organization
5. Final Destination Address (NOT a post office box)		6. City	7. State
			8. Zip Code
9. Telephone		10. Fax	11. Email

**SECTION E continuation, Description of Imported Biological Agent**

1. Intended use(s) of imported agent(s) at final destination #2 <input type="checkbox"/> Diagnostic <input type="checkbox"/> Research <input type="checkbox"/> Clinical trials <input type="checkbox"/> Education <input type="checkbox"/> Production <input type="checkbox"/> Other (please describe):	2. Provide a detailed description of the work to be accomplished with the imported agent(s) at final destination #2 (Describe your work clearly & simply. Include background, purpose, objectives, methods, etc.)
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**SECTION G continuation, Final Destination #2 Laboratory Capabilities**

1. Laboratory Biosafety Level <input type="checkbox"/> ABSL-1 <input type="checkbox"/> BSL-1 <input type="checkbox"/> ABSL-2 <input type="checkbox"/> BSL-2 <input type="checkbox"/> ABSL-3 <input type="checkbox"/> BSL-3 <input type="checkbox"/> ABSL-4 <input type="checkbox"/> BSL-4 <input type="checkbox"/> Other (please describe):	2. Primary Containment to be used <input type="checkbox"/> None (open bench) <input type="checkbox"/> Class I <input type="checkbox"/> Class II, Type _____ <input type="checkbox"/> Class III <input type="checkbox"/> Fume Hood <input type="checkbox"/> Other (please describe):	3. Personal Protective Measures to be used <input type="checkbox"/> Gloves <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Goggles and/or Face Shield <input type="checkbox"/> Facemask <input type="checkbox"/> Respirators: Type <input type="checkbox"/> N95/100 <input type="checkbox"/> PAPR <input type="checkbox"/> Immunizations <input type="checkbox"/> Other (please describe):	4. Personnel Training provided <input type="checkbox"/> Risk(s) associated with the imported biological agent(s) <input type="checkbox"/> Hazardous Material Packing/Shipping <input type="checkbox"/> Laboratory Standard Practices <input type="checkbox"/> Hazardous Waste Handling/Disposal <input type="checkbox"/> Emergency Response Procedures <input type="checkbox"/> Spill Procedures <input type="checkbox"/> Other (please describe):
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**SECTION D continuation, Other Final Destinations of Imported Biological Agent**

1. Last Name of Recipient #3 at Other Final Destination	2. First Name	3. MI	4. Destination Organization
5. Final Destination Address (NOT a post office box)		6. City	7. State
			8. Zip Code
9. Telephone		10. Fax	11. Email

**SECTION E continuation, Description of Imported Biological Agent**

1. Intended use(s) of imported agent(s) at final destination #3 <input type="checkbox"/> Diagnostic <input type="checkbox"/> Research <input type="checkbox"/> Clinical trials <input type="checkbox"/> Education <input type="checkbox"/> Production <input type="checkbox"/> Other (please describe):	2. Provide a detailed description of the work to be accomplished with the imported agent(s) at final destination #3 (Describe your work clearly & simply. Include background, purpose, objectives, methods, etc.)
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**SECTION G continuation, Final Destination #3 Laboratory Capabilities**

1. Laboratory Biosafety Level <input type="checkbox"/> ABSL-1 <input type="checkbox"/> BSL-1 <input type="checkbox"/> ABSL-2 <input type="checkbox"/> BSL-2 <input type="checkbox"/> ABSL-3 <input type="checkbox"/> BSL-3 <input type="checkbox"/> ABSL-4 <input type="checkbox"/> BSL-4 <input type="checkbox"/> Other (please describe):	2. Primary Containment to be used <input type="checkbox"/> None (open bench) <input type="checkbox"/> Class I <input type="checkbox"/> Class II, Type _____ <input type="checkbox"/> Class III <input type="checkbox"/> Fume Hood <input type="checkbox"/> Other (please describe):	3. Personal Protective Measures to be used <input type="checkbox"/> Gloves <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Goggles and/or Face Shield <input type="checkbox"/> Facemask <input type="checkbox"/> Respirators: Type <input type="checkbox"/> N95/100 <input type="checkbox"/> PAPR <input type="checkbox"/> Immunizations <input type="checkbox"/> Other (please describe):	4. Personnel Training provided <input type="checkbox"/> Risk(s) associated with the imported biological agent(s) <input type="checkbox"/> Hazardous Material Packing/Shipping <input type="checkbox"/> Laboratory Standard Practices <input type="checkbox"/> Hazardous Waste Handling/Disposal <input type="checkbox"/> Emergency Response Procedures <input type="checkbox"/> Spill Procedures <input type="checkbox"/> Other (please describe):
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SECTION E continuation, Description of Additional Imported Biological Agents									
3. Scientific name of known/suspected biological agent(s)		4. Type(s) of Biological Agent							
Genus	Species		Bacteria	Virus	Fungi	Toxin	Parasite	Prion	Recombinant Genetic Material
a		a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b		b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c		c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d		d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e		e	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f		f	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g		g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h		h	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i		i	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k		k	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l		l	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m		m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n		n	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o		o	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p		p	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q		q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r		r	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s		s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t		t	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u		u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v		v	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w		w	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x		x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y		y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z		z	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa		aa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb		bb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cc		cc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dd		dd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>